UNITED STATES BANKRUPTCY COURT District of IDAHO		PROOF OF CLAIM
Name of Debtor V PANIOUCHKINE	Case Number 99-41879	
NOTE: This form should not be used to make a claim for an administration commencement of the case. A "request" of payment of an administration U.S.C. §503.	ative expense arising after the	
Name of Creditor (The person or other entity to whom the debtor owes money or property):  SEARS	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and Adresses Where Notices Should be Sent:	Check box if you have never	
SEARS, ROEBUCK & CO. P.O. Box 450087 Atlanta, GA 31145	received any notices from the bankruptcy court in this case.	·
Telephone No. 1-800-201-2315	Check box if the address differs from the address on the envelope sent to you by the court.	This Space is for Court Use Only
Account or other number by which creditor identifies debtor:	Check here replaces	
00 55092 85404 5	if this claim amends a previously filed claim, dated:	
1. Basis for Claim		
X Goods sold	Retiree benefits as defined in 11 U.S.	.C. §1114(a)
Services perfomed	Wages, salaries, and compensations (Fill out below)	
Money loaned	Your SS #	
Personal injury/wrongful death	Unpaid compensation for services performed	
Taxes	from to(date)	
Other	(date) (date)	
2. Date debt was incurred: 11/01/1995 To Present	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$1,701.21  If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim.  Check this box if your claim is secured by collateral (including a right of setoff).	6. Unsecured Priority Claim.  Check this box if you have an unsecur	ed priority claim
Brief Description of Collateral:	Amount entitled to priority \$Specify the priority of the claim.	
Real Estate Motor Vehicle	<ul> <li>Wages, salaries, or commissions (up to \$4000),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(3).</li> </ul>	
Value of Collateral: \$0.00 @ % per annum	<ul> <li>Contributions to an employee benefit plan - U.S.C. \$507(a)(4).</li> <li>Up to \$1800* of deposits toward purchase, lease or rental of property or services for personal, family, or household use - 11 U.S.C. \$507(a)(6).</li> </ul>	
Amount of arrearage and other charges at time case filed	<ul> <li>☐ Alimony, maintenance, or support owed to a spouse, former spouse or child - 11 U.S.C. §507(a)(7).</li> <li>☐ Taxes or penalties of governmental units - 11 U.S.C. §507(a)(8).</li> <li>☐ Other - Specify applicable paragraph of 11 U.S.C. §507(a)().</li> </ul>	
included in secured claim, if any: \$	*Amounts are subject to adjustment on 4/ respect to cases commenced on or after	1/98 and every 3 years thereafter with
7. Credits: The amount of all payments on this claim has been credited and debited for the purpose of making this proof of claim.  8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach		
a summary.  9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date  Sign and print the same and title, if any, of the creditor or other person authorized to tile this claim (attach copy of power of attorney, if any)  Panalth for presenting froudulant claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. \$5152 and 3571		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisorment for up to 5 years, or both. 18 U.S.C. §\$152 and 3571.		

P.O. Box 450087 Atlanta, GA 31145

> U.S. BANKRUPTCY COURT 250 S 4TH AV POCATELLO ID 83201

Date: December 08, 1999 Bankruptcy No.: 99-41879 Chapter: 13

## STATEMENT OF ACCOUNT

**V PANIOUCHKINE** 255 BONNY DR TWIN FALLS ID 83301

Account Number: 00 55092 85404 5 Date Account Opened: Nov 01, 1995

Account Balance as of Date of Bankruptcy Filing: \$1,701.21

**Direct all inquiries to:** 1-800-201-2315